|                    | PATENT A                                  |           |                                 |                |        | ERMINATI<br>29, 1999                       | ON RECO            | RD     |                  | Ap       | pplication             | or Do  | ocket Num           | ber                    |
|--------------------|---|-----------|---------------------------------|----------------|--------|--|--------------------|--------|------------------|----------|------------------------|--------|---------------------|------------------------|
|                    |   |           | IMS AS                          | FILED olumn 1) |        | RTI  | ımn 2)             | _      | SMAL             |          | ENTITY                 | OR     | OTHER<br>SMALL      |                        |
| FC                 | )R  |           |                                 | RFILED         |        | NUMBER                                     |                    | ſ      | RATE             |          | FEE                    | )      | RATE                | FEE                    |
| BASIC FEE          |   |           |                                 |                |        |  | ŀ                  |        |                  | 345.00   | OR                     |        | 690.00              |                        |
| TOTAL CLAIMS       |   |           | /Z minus 20=                    |                |        |  |                    |        | V# 0             |          |                        | ii     | V#10                |                        |
|                    |   |           |                                 |                |        |  |                    | X\$ 9= |                  |          | OR                     | X\$18= |                     |                        |
| MULTIPLE DEPENDENT |   |           | / minus 3 =                     |                |        |  |                    |        | X39=             | :        |                        | OR     | X78=                |                        |
| MU                 | THPLE DEPEN                               | NUENT !   | CLAIM P                         | RESENT         |        |  |                    | Ì      | +130=            | =        |                        | OR     | +260=               |                        |
| * If               | the difference                            | ın colu   | ımn 1 is                        | less than z    | ero,   | enter "0" in d                             | column 2           | L      | TOTA             | L        |                        | OR     | TOTAL               | 690                    |
|                    | С   | LAIM      | S AS A                          | MENDE          | D - F  | PART II                                    |                    |        |                  | ļ        |                        |        | OTHER               | THAN                   |
|                    |   | (Coli     | umn 1)                          |                |        | Column 2)                                  | (Column 3)         | _      | SMAL             | L E      | ENTITY                 | OR     | SMALL               |                        |
| AMENDMENT A        |   | REM<br>AF | AIMS<br>AINING<br>TER<br>IDMENT |                | P      | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   |        | RATE             |          | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
| MO                 | Total                                     | *         |                                 | Minus          | **     |  | =                  |        | X\$ 9=           | =        |                        | OR     | X\$18=              |                        |
| ME                 | Independent                               | •         |                                 | Minus          | **     | *  | =                  | ŀ      | X39=             |          |                        |        | X78=                |                        |
| ٨                  | FIRST PRESE                               | NTATIO    | ON OF MU                        | JLTIPLE DE     | PEN    | DENT CLAIM                                 |                    | ŀ      | 700-             |          |                        | ÓR     |                     |                        |
|                    |   |           |                                 |                |        | No de la compani                           |                    |        | +130=            |          |                        | OR     | +260=               |                        |
|                    |   |           |                                 |                |        | SEST                                       | All All all        | A      | DDIT F           | 臣        | Y                      | OR     | TOTAL<br>ADDIT FEE  |                        |
|                    |   |           | umn 1)                          |                | ((     | Column 2)                                  | (Column 3)         |        |                  |          |                        |        |                     |                        |
| AMENDMENT B        |   | REM<br>AF | AIMS<br>AINING<br>TER<br>IDMENT | :              | P      | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   |        | RATE             |          | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
| Ž<br>Q             | Total                                     |           |                                 | Minus          | **     |  | =                  |        | X\$ 9=           |          |                        | OR     | X\$18=              |                        |
| ME                 | Independent                               | •         |                                 | Minus          | **     | *  | =                  | ŀ      | X39=             |          |                        | 0.0    | X78=                |                        |
| ۷                  | FIRST PRESE                               | NTATIC    | ON OF MU                        | JLTIPLE DE     | PEN    | DENT CLAIM                                 |                    | ŀ      | 7,00-            | $\dashv$ |                        | OR     | 7.7-                |                        |
|                    |   |           |                                 |                |        |  |                    | L      | +130=            |          |                        | OR     | +260=               |                        |
|                    |   |           |                                 |                |        |  |                    | A      | TÖT/<br>DDIT. FE |          |                        | OR     | TOTAL<br>ADDIT. FEE |                        |
|                    |   | (Colu     | umn 1)                          |                | (0     | Column 2)                                  | (Column 3)         |        |                  |          |                        |        |                     |                        |
| AMENDMENT C        | ·   | REM<br>AF | AIMS<br>AINING<br>TER<br>IDMENT |                |        | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   |        | RATE             |          | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
| Ž<br>D<br>D        | Total                                     | .         | -                               | Minus          | **     |  | =                  |        | X\$ 9=           |          |                        | OR     | X\$18=              |                        |
| ME                 | Independent                               |           |                                 | Minus          | **     | •  | =                  | H      | X39=             | ┥        |                        |        | X78=                |                        |
| <                  | FIRST PRESE                               | NTATIC    | ON OF MU                        | JLTIPLE DE     | PEN    | DENT CLAIM                                 |                    | -      |                  | 4        |                        | OR     | ^/8=                |                        |
|                    |   |           |                                 |                |        |  |                    |        | +130=            | :        |                        | OR     | +260=               | 1                      |
| **                 | f the entry in colu<br>f the "Highest Nui | mber Pre  | eviously Pa                     | id For IN TH   | IIS SP | ACE is less tha                            | ın 20, enter "20." | _<br>  | TOTA<br>DDIT. FE |          |                        | OR     | TOTAL<br>ADDIT, FEE |                        |
|                    | If the "Highest Nu<br>The "Highest Num    |           | ,                               |                |        |  |                    |        |                  | _        | ropriate box           |        |                     |                        |

Attorney Docket No.: 4180-66

Dated: July 31, 2000

## FILING FEE COMPUTATION SHEET

Submit an original and a duplicate for fee processing

Assistant Commissioner for Patents BOX PATENT APPLICATION Washington, DC 20231

In re Application of: Andrea LUKAS et al.

For: Accessories Mount For An Electric Toothbrush

The filing fee has been calculated as shown below:

| FOR:   | Col. 1           | Col. 2   | SMALL E | ENTITY    | OTHER THAN<br>SMALL ENTITY |       |  |
|--|------------------|----------|---------|-----------|----------------------------|-------|--|
| i  | # FILED          | # EXTRA  |         |           |                            |       |  |
| BASIC FEE  |                  | 1        |         | \$345     |                            | \$690 |  |
| TOTAL CLAIMS   | <u>13</u> - 20 = | <u>0</u> | x 9 =   | \$        | x 18 =                     | \$    |  |
| INDEPENDENT<br>CLAIMS  | <u>1</u> - 3 =   | <u>0</u> | x 39 =  | \$        | x 78 =                     | \$    |  |
| [] MULTIPLE<br>DEPENDENCY  |                  |          | +\$130= | \$        | +260=                      | \$    |  |
| * If the difference in<br>Col. 1 is less than zero,<br>enter "0" in Col. 2 | !<br>!           |          | TOTAL:  | <b>\$</b> |                            | \$690 |  |